

Verification of Graduation from Occupational Therapy Assistant Program

This section is to be completed by the applicant.

Please complete this form, **attach a picture of yourself** and mail to the school from which you received your degree as an occupational therapy assistant. This completed form must be received by the South Dakota Board of Medical and Osteopathic Examiners before a South Dakota license is issued.

TO: Dean, Occupational Therapy Assistant School or Program

The South Dakota State board of Medical and Osteopathic Examiners requires that all applicants for licensure must provide verification of graduation from an approved occupational therapy assistant program and **identification of a picture** before a license can be issued. Please complete this form and mail it to the following address:

South Dakota State Board of Medical
and Osteopathic Examiners
125 South-Main-Ave.-Ste.
Sioux Falls, South Dakota 57104

Applicant's Name: _____

Address: _____

(Picture)

Year of Graduation: _____

This section is to be completed by the School of Graduation and returned directly to the South Dakota State Board of Medical and Osteopathic Examiners at the above address.

Name of School: _____

Address of School: _____

Name of Graduate: _____

Year of Graduation: _____

****I hereby certify the attached picture is a likeness of** _____
and he/she has completed all program required fieldwork and graduated from _____
_____ on _____.

Signed: _____

Title: _____

(SEAL)

Date: _____

****If the School of Graduation can not identify the picture, please have them indicate the reason they can not do so directly on this form and return this form to our office.**